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ASCOP065USFU
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
APR 10 2000
TC 2700 MAIL ROOM

Applicant: Oppedahl
Serial No.: 09/476,321
Filed: January 3, 2000
For: "Improved Authentication System for Mail Pieces"

REQUEST TO CORRECT FILING RECEIPT

Hon. Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We recently received a filing receipt for the above-referenced application on which Applicant's name was incorrectly spelled. The correct spelling of Applicant's name is **Oppedahl**. In addition, our attorney docket number for this case is misprinted on the filing receipt. Please correct the attorney docket number for this case to read: **ASCOP065USFU**.

Enclosed is a marked up copy of the filing receipt indicating the corrections to be made as requested herein. Please make the corrections and forward us a corrected Filing Receipt for this application.

Respectfully Submitted,

Nancy J. Parsons
PTO Reg. No. 40,364
(970) 688-2050

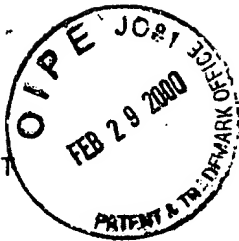
Enclosure

I hereby certify that this paper and the attachments named herein are being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner of Patents and Trademarks, Washington, D.C. 20231 on February 24, 2000

February 24, 2000
Date of Signature

Stephanie G. Redenz

FILING RECEIPT



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UNITED STATES DEPARTMENT OF COMMERCE
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/476,321	01/03/00	2766	\$744.00	ASCP065USF	1	29	3

021121
OPPEDAHL AND LARSON LLP
P O BOX 5270
FRISCO CO 80443-5270

ASCP065USFU

TO
10-700 MAIL ROOM

RECEIVED
FEB 10 2000

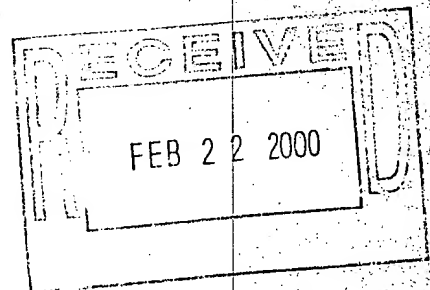
Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) CARL OPPENDAHL, SUMMIT COUNTY, CO.

OPPEDAHL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/09/00
TITLE
AUTHENTICATION SYSTEM FOR MAIL PIECES

PRELIMINARY CLASS: 380



DATA ENTRY BY: BATES, DIANE

TEAM: 03 DATE: 02/09/00



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Bib Data Sheet

**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/476,321	FILING DATE 01/03/2000 RULE -	CLASS 380	GROUP ART UNIT 2766	ATTORNEY DOCKET NO. ASCOP065USFU.	
APPLICANTS CARL OPPEDAHL, SUMMIT COUNTY, CO ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				RECEIVED APR 10 2000 TO 2700 MAIL ROOM	
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/09/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CO	SHEETS DRAWING 1		TOTAL CLAIMS 23
ADDRESS OPPEDAHL AND LARSON LLP P O BOX 5270 FRISCO, CO 804435270					
TITLE AUTHENTICATION SYSTEM FOR MAIL PIECES					
FILING FEE RECEIVED 744	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:				
<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit					

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